

NEW STUDENT REGISTRATION SHEET

Name: _____
(First) (Middle) (Last) (Birthdate) (Age) (Grade)

Name of Parent(s): _____
(Name of each parent to be listed – please attach custody papers if applicable)

Complete Address: _____

Phone Number (Home) _____ (Work) _____

Browerville School District? _____ Other? _____

Location of residence if rural (name of former owner) _____

Last school (s) attended: _____

Social Security # _____ Student's Name _____

Social Security # _____ Student's Name _____

Social Security # _____ Student's Name _____

Social Security # _____ Student's Name _____

Social Security # _____ Student's Name _____

Social Security # _____ Student's Name _____

In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law (M.S. Section L3.43), you do not have to provide the Social Security number. If you do not wish to provide the Social Security number, our district will assign a unique number for the student.

Browerville District #787 School Census

TO: All Families in School District #787
FROM: Superintendent of Schools

We are planning to use a computer for our school census report, which is required by law. Will you please complete this form and return it to the Business Office as soon as possible: All children from the youngest to age 21 are to be accounted for whether they are in school or not.

Please give this your immediate attention! Thank you.

Names of living parent or guardian:

	Last	First	Middle Initial
Father	_____	_____	_____
Mother	_____	_____	_____
Guardian	_____	_____	_____

Address:

_____	_____	_____	_____
Physical	Box #	City	Zip Code
_____	_____	_____	_____
County	Township	Telephone #	

Occupation:

Father _____

Mother _____

Guardian _____

List oldest to youngest, including pre-school children and those who have graduated but have not attained the age of 21 by September 1st of this year. List what school they attend this year, either Public, Parochial, Vocational, or College.

Last	First	Middle Initial	Sex M/F	Date of Birth			Age Sept.1	Grade Level	Public	Parochial	Vocational	College	Race
				Mo.	Day	Year							

RACE CODES

1- Hispanic/Latino	5- Hawaiian/Pacific Islander
2- American Indian/Alaska Native	6- White
3- Asian	
4- Black – African American	MAY USE MORE THAN ONE

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL :

STUDENT IDENTIFICATION INFORMATION

Student's Name (First, Middle, Last)

Date of Birth

Age

Grade Level

DISTRICT IDENTIFICATION/VERIFICATION INFORMATION

School Name

District Number

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

Name (Printed)

Signature – Responsible Authority

Title

Date

THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN:

STUDENT LANGUAGE INFORMATION

Dear Parents and Guardians:

In order to help your child learn, your child's teachers need to determine which language your child uses most.

Please respond to the questions below by checking the appropriate box.

1. Which language did your child learn first? English Other (specify): _____
2. Which language is most often spoken in your home? English Other (specify): _____
3. Which language does your child usually speak? English Other (specify): _____

PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Name (Printed)

Signature – Parent/Guardian

Date

